

**F/2000000/801**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

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From:

Account Name : C T CORPORATION SYSTEM  
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Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
TRANSITAMERICA SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

FILED  
12 APR 26 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*4/27/12*

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** TRANSITAMERICA SERVICES, INC.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)  
bkemper@herzog.com

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA*

**1. TRANSITAMERICA SERVICES, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. Missouri** **3. 56-2515761**  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

**4. 03/13/2005** **5. Perpetual**  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

**6. Upon Qualification**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 600 S Riverside Road, St. Joseph, MO 64507**  
(Principal office address)

**P.O. Box 1089, St. Joseph, MO 64507**  
(Current mailing address)

**8. Commuter Train Operations**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

**9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T Corporation System

By:

*Katherine Lackey*  
(Registered agent's signature)

Katherine Lackey - Asst. Sec.

**11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.**

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

12 APR 26 PM 12:33

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Stanley M. Herzog

Address: 600 S Riverside Road

St. Joseph, MO 64507

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS SEE ATTACHMENT**

President: Robert J. Smith

Address: 600 S Riverside Road

St. Joseph, MO 64507

Vice President: Robert R. Purgavie

Address: 600 S Riverside Road

St. Joseph, MO 64507

Secretary: Robert R. Purgavie

Address: 600 S Riverside Road, St. Joseph, MO 64507

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

*Robert J. Smith*  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. \_\_\_\_\_

Robert J. Smith, President

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Attachment to Florida  
Officers & Directors**

1   **Full Name:**                                   Jean Smart  
     **Officer/Director:**                     Officer  
     **Officer's Title:**                     Assistant Secretary  
     **Director's Title:**  
     **Business Address:**                 600 S Riverside Road  
     **City:**                                 St. Joseph  
     **State:**                                MO  
     **ZIP Code:**                           64507

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TALLAHASSEE, FLORIDA

# STATE OF MISSOURI



Robin Carnahan  
Secretary of State

**CORPORATION DIVISION  
CERTIFICATE OF GOOD STANDING**

12 APR 26 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

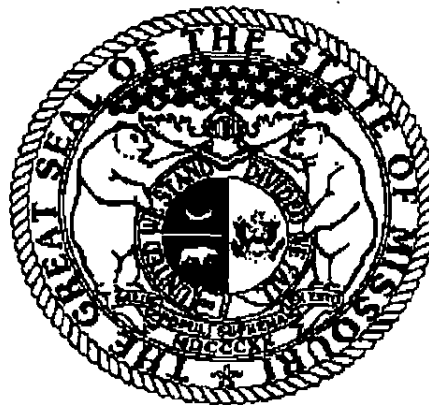
**TRANSITAMERICA SERVICES, INC.  
00659747**

was created under the laws of this State on the 13th day of May, 2005, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 26th day of April, 2012

*Robin Carnahan*

Secretary of State



Certification Number: 14644917-1    Reference:  
Verify this certificate online at <https://www.sos.mo.gov/businessentity/soskb/verify.asp>